DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 06/16/2015 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 495246 B. WING NAME OF PROVIDER OR SUPPLIER 06/05/2015 STREET ADDRESS, CITY, STATE, ZIP CODE **WOODMONT CENTER** PO BOX 419 11 DAIRY LANE FREDERICKSBURG, VA 22404 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE DEFICIENCE TAG DATE **INITIAL COMMENTS** F 000 F 000 VDH/OLC An unannounced Medicare/Medicaid abbreviated standard survey was conducted 6/4/15 through This is our facility's Allegation of 6/5/15. One complaint was investigated during Compliance. Woodmont Center does not the survey. Significant Corrections are required admit or deny the existence of the alleged for compliance with 42 CFR Part 483 Federal deficiencies. Long Term Care requirements. Woodmont Center maintains that it is in The census in this 118 certified bed facility was 105 at the time of the survey. The survey sample substantial compliance and the Plan of Correction below will be completed by consisted of 2 current Residents reviews (Residents #2 and #3) and one closed record review, Resident #1... F 157 483.10(b)(11) NOTIFY OF CHANGES 10/2015 F 157 Karen S. Green (INJURY/DECLINE/ROOM, ETC) SS=G Date Administrator A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an F 157 accident involving the resident which results in SS=G injury and has the potential for requiring physician intervention; a significant change in the resident's Resident #1 was discharged back to physical, mental, or psychosocial status (i.e., a Mary Washington Hospital by order deterioration in health, mental, or psychosocial obtained from L. Troxler, NP, and status in either life threatening conditions or resident #1 was transferred to hospital clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an at 7:59 pm on 5/25/15. existing form of treatment due to adverse consequences, or to commence a new form of Other residents with wound care

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treatment); or a decision to transfer or discharge

The facility must also promptly notify the resident

and, if known, the resident's legal representative

or interested family member when there is a

change in room or roommate assignment as

the resident from the facility as specified in

TITLE

orders and the potential to be

negativity affected by the same

deficient practice have been assessed

by our NP and Wound Nurse to rule

out any negative status caused by the

same deficient practice. All current

(X6) DATE

7-10-15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

§483.12(a).

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		7. 0938-039 TE SURVEY
		DELTH ISATION HONDER.	A. BUILD	ING		COMPLETED	
		495246	B. WING			06	C
	PROVIDER OR SUPPLIER			F	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 419 11 DAIRY LANE FREDERICKSBURG, VA 22404	1 00	/05/2015
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	specified in §483.1 resident rights under regulations as specthis section. The facility must recthe address and pholegal representative. This REQUIREMENT by: Based on staff interreview, clinical record a complaint investigate facility staff failed to residents physician rupon admission and care treatment order in the survey sample. Resident #1 was admission and care treatment orders in the survey sample. Resident #1 was admission and care treatment orders for interesting the surgeon or a physicial status upon admission treatment orders for the wound vac was ordered by the physicial status upon admission and treatment orders for the wound vac was ordered by the physicial status upon admission and treatment orders for the wound vac was ordered by the physicial status upon admission and readmitted.	5(e)(2); or a change in Federal or State law or ified in paragraph (b)(1) of cord and periodically update one number of the resident's or interested family member. T is not met as evidenced view, facility document deview and in the course of ation, it was determined the notify and consult with the regarding the wound status prior to changing wound as for one of three resident's	F 1		residents with physician wound of were being followed correctly as written and no negative wound structure was found. RN #1 and RN 2nd Shift Supervice received one on one education by facility Administrator and Direct Nursing on the necessity for carrout Surgeon/MD admission wound care orders and the importance of timely notification with all Surgeons/MDs of wound care residents concerning wound care residents concerning wound care negative status immediately by the resident's nurse. Licensed Nurses are being in-service by our RN Nurse Practice Educated and RN Quality Assurance Nurse/Designee on the practice of following Surgeon orders for wound care and the importance of keeping Surgeon/MD informed of any negative wound changes immediately and promptly begin any order changes the Surgeon/MD may make.	isor by the for of ying nd f iced or nd g the ative that	7-10-15
	Negative pressure wo	ound therapy is not a new rapy. It is also called sub a therapy, vacuum sealing,			RN ADONs/RN Administrative Nurses will audit daily all wound c	1	7-10-15

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F 157	0				15			1
F 137	Continued From pag		F1	157	7		1	l
	vacuum pack therap	y and sealing aspirative			-			ı
	therapy. The aim of	the procedure is to use			patients and charts admitted and	1		l
	negative pressure to	create suction, which drains	İ		existing residents with wounds	for		ĺ
[the wound of exudat	e (i.e., fluids, cells and			detection of irregularities in nur	101		
	vessels and seemed	as escaped from blood			being compliant with G	ses		
1	the shape and groud	into tissue) and influences h of the surface tissues in a			being compliant with Surgeon/N	AD		
	way that helps healing	ig. During the procedure, a			orders and informing them of ar	ıy		
İ	piece of foam is place	ed over the wound, and a			negative wound status immedia	ely.		
ĺ	drain tube is placed of	over the foam. A large piece			Any irregularities found will be			
	of transparent tape is	placed over the whole area,			corrected immediately by the			
- 1	including the healthy	tissue, to secure the foam			resident's nurse with the oversit	enf	-	
i	and drain the wound.	The tube is connected to a	12		the RN auditors to restore comp	lianca		
	vacuum source, and	fluid is drawn from the			with the physician's orders.	namee	7-10-15	
Į,	wound through the fo	am into a disposable			with the physician 5 orders.	ļ	i	
	canister. Thus, the e	ntire wound area is		l	The guidit findings will 1			
	subjected to negative	pressure. The device can	ļ		The audit findings will be record	led		
1:	ore programmed to proprie	ovide varying degrees of			daily on the RN Wound Care Au	dit		
	nas an alarm to alort	nuously or intermittently. It the provider or patient if the	Í		logs for compliance with physici	an	0	
	pressure seal breaks	or the canister is full.			orders.		1	
i	Negative pressure wo	und therapy may be used		- 1		- 1		
f	or patients with chron	nic and acute wounds; sub			The Audit logs will be reviewed	for	İ	
1 2	icute wounds (dehisc	ed incisions): chronic			three months during the facility's	.01		
į C	liabetic wounds or pre	essure ulcers: meshed			monthly QA Committee meeting	6		
j 9	ratts (before and afte	er); flaps. It should not be			compliance with this allow S	ior	7-10-15	
Įu	ised for patients with	fistulae to organs/hody			compliance with this plan of	1		
0	avities, necrotic tissu	e that has not been		-	correction.	8	1	
٥	ebrided, untreated os	steomylitis, wound				1	j	
[] \$,	rangriance, wounds (hat require homeostasis or					1	
T	he findings include:	king anticoagulants." (1)		ļ		}	1	
	lesident #1 was admi	tted to the facility -				1	1	
5	/22/15 at 7·00 n m w	ith diagnoses that included					1	
b	ut were not limited to	lower limb amputation		İ		İ		
(f	ourth and fifth the of t	the right foot), status post		1			Ì	
sl	kin graft to right foot,	diabetes, high blood				ļ.	ļ	
pı	essure, elevated cho	lesterol, and morbid					1	
ol	pesity.	and morbid				[

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STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	LTIPLE	E CONSTRUCTION		O. 0938-039 ATE SURVEY
		ISCATION TO A POINTER.	A. BUILI)ING_		C	OMPLETED
NAME OF	DDOWDED OF SUPE	495246	B. WING			0	C 6/05/2015
	PROVIDER OR SUPPLIER			PC	REET ADDRESS, CITY, STATE, ZIP CODE D BOX 419 11 DAIRY LANE REDERICKSBURG, VA 22404	1_0	0/03/2015
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E SE SE SE SE SE SE SE SE SE SE SE SE SE	assessment, with ar of 5/25/15, coded th assistance for movin required extensive a from surface to surfapersonal hygiene. The assistance for moving required extensive a from surface to surfapersonal hygiene. The personal hygiene. The assistance of the assistance of the assistance of the number of the PAR documented Amputation of the 4th and digit, right foot where of the right foot after healing. Complication Wound Care: 1. Wound Care: 1. Wound Care: 1. Wound Care type - surgical. Location/Description/amputation and graft The "(Name of Hospidated, 5/22/15, document Type: Other of the physicial procession of the	(minimum data set) n assessment reference date e resident as requiring limited ng in the bed. The resident ssistance for transferring ace, toileting needs and the Resident #1 was coded e staff for dressing and Report (PAR)" was rsing home corporate nurse l, on 5/22/15 at 11:49 a.m. ad, "Surgical Procedure: n and 5th metatarsals (toes) ith skin graft to lateral aspect resection to promote ns: No complications noted. and care needs - Yes. 2. yound vac) - Yes. 2a. Date arted - 5/16/15. 2b. Settings ers of mercury). 3. Wound 3c. Body Treatment - Right foot sites." tal) Discharge Instructions" nented, "Discharge Needs: pment: Other - (Name of Durable Medical er - wound vac." The ns" were electronically in on 5/22/15 and by the discharging nurse on I Facility Transfer Form" nented, "Musculoskeletal-	F 1	57			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DA	ATE SURVEY OMPLETED
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	ONT CENTER			FREDERICKSBURG, VA 22404	4	
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	The nursing admiss 5/22/15 at 1900 (7:0 (registered nurse) # was alert and orient. The form document admission/readmiss circle next to "Yes" v Integumentary (skin documented: "d5. Site: Open area x 2 cm (centimeters d6. Site: Rt (right) fo cm with skin graft ard d7. Site: Necrotic are toe. d8. Site: Necrotic are toe. d8. Site: Necrotic are toe. d9. Site: Necrotic are heel 1 x 0.8 cm." Under the Section "Othe circle for "No" wa vac/negative pressur The admission physino time documented. R lateral foot W/NS (remulsion gauze drsg daily." Review of the treatmet (TAR) documented, "R lateral foot W/NS (remulsion gauze drsg dreatment was documented foot was documented foot foot gauze drsg dreatment was documented foot foot foot foot foot foot foot foo	ion assessment, dated 10 p.m.), written by RN 1, documented the resident ed to person, place and time. ed, "Physician notified of ion and orders verified?" The vas filled in. In Section & -) the following was present on top of right foot 2 with slough present. ot amputation site 10 x 3.5 and 13 sutures. Ea present to tip of right 3rd ea present to right lateral heel ea present to right medial other Devices currently used silled in next to, "Wound the present?" cian orders dated, 5/22/15, "Cleanse amputation site to with normal saline); apply Oil (dressing) daily - monitor ent administration record Cleanse amputation site to with normal saline); apply Oil (dressing) daily." The tented as being done for 15.	F1			
((1	room #). Arrived by a nformation upon adm chart. Reason for add	ted, 5/22/15 at 1900 nt admitted/readmitted to ambulance and stretcher. nission obtained from patient mission is post-survey ehabilitationCall bell				

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AND PLAN OF CORRECTION A SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 5 placed within reach. Physician notified/orders verified: Yes. See nursing admission assessment for detailed clinical findings." Written by RN (registered nurse) #1. The comprehensive care plan, dated, 5/22/15, documented, "Focus: Resident has actual skin breakdown related to shear/fiction risks, vascular disease, limited mobility." The "Interventions" documented, "Focus: Resident has actual skin breakdown related to shear/fiction risks, vascular disease, limited mobility." The "Interventions" documented, "Focus: Resident has actual skin breakdown related to shear/fiction risks, vascular disease, limited mobility." The "Interventions" documented, "Focus: Resident has actual skin breakdown related to shear/fiction risks, vascular disease, limited mobility." The "Interventions" documented, "Focus: Resident has actual skin breakdown related to shear/fiction risks, vascular disease, limited mobility." The "Interventions" documented, "Focus: Resident has actual skin breakdown related to shear/fiction risks, vascular disease, limited mobility." The "Interventions" documented, "Focus: Resident has actual skin breakdown related to shear/fiction risks, vascular disease, limited mobility." The "Interventions" documented, "Focus: Resident has actual skin breakdown related to shear/fiction risks, vascular disease, limited mobility." The "Interventions" documented, "Focus: Resident has actual skin breakdown related to shear/fiction risks, vascular disease, limited mobility." The "Interventions" documented, "Focus: Resident has actual skin breakdown related to shear/fiction risks, vascular disease, limited mobility." The "Interventions" documented for the right lateral foot surgical wound the following: "Presence of Pain - no Appearance - N (necrotic - eschar) with sutures in place Length - 10 (centimeters)		STATEMEN	T OF DEFICIENCIES		T			<u> 3MB 1</u>	<u>10. 0938-039</u>	•
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Description Description	I	WOODIV	IONI CENIER							
PREFIX TAG RECULATORY OR ISC IDENTIFYING INFORMATION) F 157 Continued From page 5 placed within reach. Physician notified/orders verified: Yes. See nursing admission assessment for detailed clinical findings." Written by RN (registered nurse) #1. The comprehensive care plan, dated, 5/22/15, documented, "Focus: Resident has actual skin breakdown related to shear/friction risks, vascular disease, limited mobility." The "Interventions" documented, "Faviluate wound area daily including surrounding tissue and presence or absence of drainage/infection and/or new wound pain and report to MD (medical doctor) as indicated. Monitor for effectiveness and/or side effects of medication. Monitor for verbal and nonverbal signs of pain related to wound or wound treatment and medicate as ordered." The "Skin Integrity Report" dated, 5/22/15, documented "Surgical" and documented for the right lateral foot surgical wound the following: "Presence of Pain - no Appearance - skin graft, 13 sutures, IP (intact/deep purple) deep red. Length - 10 (centimeters) Width - 3.5 Depth - na (not applicable) Drainage - na/ dry Surrounding tissue - IF/DP (inflamed/deep purple-maroon) Wound Edges - M (macerated) Oddr - no." The "Skin Integrity Report" dated, 5/25/15, documented for the right lateral foot surgical wound the following: "Presence of Pain - no Appearance - Skin integrity Report" dated, 5/25/15, documented for the right lateral foot surgical wound the following: "Presence of Pain - no Appearance - N (necrotic - eschar) with sutures in place Length - 10 (centimeters) Width - 3.5	ľ	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		Щ,				
placed within reach. Physician notified/orders verified: Yes. See nursing admission assessment for detailed clinical findings." Written by RN (registered nurse) #1. The comprehensive care plan, dated, 5/22/15, documented, "Focus: Resident has actual skin breakdown related to shear/friction risks, vascular disease, limited mobility." The "Interventions" documented, "Evaluate wound area daily including surrounding tissue and presence or absence of drainage/infection and/or new wound pain and report to MD (medical doctor) as indicated. Monitor for effectiveness and/or side effects of medication. Monitor for verbal and nonverbal signs of pain related to wound or wound treatment and medicate as ordered." The "Skin Integrity Report" dated, 5/22/15, documented "Surgical" and documented for the right lateral foot surgical wound the following: "Presence of Pain - no Appearance - skin graft, 13 sutures, IP (intact/deep purple) deep red. Length - 10 (centimeters) Width - 3.5 Depth - na (not applicable) Drainage - na/ dry Surrounding tissue - IF/DP (inflamed/deep purple-maroon) Wound Edges - M (macerated) Odor - no." The "Skin Integrity Report" dated, 5/25/15, documented for the right lateral foot surgical wound the following: "Presence of Pain - no Appearance - N (necrotic - eschar) with sutures in place Length - 10 (centimeters) Width - 3.5		PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	DRE	(X5) COMPLETION DATE	
			placed within reach. verified: Yes. See n for detailed clinical f (registered nurse) # The comprehensive documented, "Focus breakdown related to disease, limited mob documented, "Evalu- including surrounding absence of drainage pain and report to Mi indicated. Monitor for effects of medication nonverbal signs of pa wound treatment and The "Skin Integrity R documented "Surgica right lateral foot surgica right lateral foot s	Physician notified/orders ursing admission assessment indings." Written by RN 1. care plan, dated, 5/22/15, s: Resident has actual skin o shear/friction risks, vascular bility." The "Interventions" ate wound area daily g tissue and presence or vinfection and/or new wound D (medical doctor) as reffectiveness and/or side of Monitor for verbal and ain related to wound or dimedicate as ordered." eport" dated, 5/22/15, all and documented for the ical wound the following: no aft, 13 sutures, IP deep red. ters) cable) IF/DP (inflamed/deep dacerated) eport" dated, 5/25/15, ght lateral foot surgical	F	57				

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		495246	B. WING				С	
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WOODI	MONI CENIER				REDERICKSBURG, VA 22404			
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			,		DEFICIENCY)			
F 157	Continued From page	70 F	_					_
	· · · · · · · · · · · · · · · · · ·	ge o	F1	57				
	Drainage - na Surrounding tissue	IT (inflame at)					4	
	Odor - (a zoro with	· Ir (Intlamed)					Î	
	'no')."	a line through it indicating					İ	
		ted, 5/25/15 at 19:59 (7:59		:				
	p.m.) documented.	(Resident #1) transferred to		1				
	hospital - unplanned	for evaluation and treatment						
	via ambulance to (in	itials of hospital) FR						
	(emergency room).	Physician notified of transfer						
	(nurse practitioner n	ame) 5/25/15 - 8 p.m.						
	Responsible party no	otified of transfer						i
	Self/Daughter 5/25/1	5 at 8 p.m. Resident						
	admitted to facility fo	r right 4th/5th toes						
•	amputation with graf	placement due to gangrene.				0.50		l
	rod/purple and to be	ft site noted to be deep						ı
	weekend condition of	somewhat dry. Over the f wound worsened and is						Į
	now noted to have la	yer of necrosis. Resident						l
	denies feeling nain (due to neuropathy). New		İ				l
	orders to send reside	ent to hospital for evaluation.						l
	Resident also on Zos	yn (an antibiotic) and						l
	Vancomycin (an antit	piotic) IV (intravenous)						ĺ
	therapy."							ĺ
Ī	The nurse's note date	ed, 5/25/15 at 20:46 (8:46						
į	p.m.) documented, "(Name of doctor who did skin				ļ		
ļ	graft - administrative	staff member [ASM] #3,						
	podiatrist) returned th	e call after the patient had						
İ	that the wound was to	to the hospital. He was told				1	ĺ	
	#3 nodiatriet) remind	ad not been applied. (ASM				j		
	all the nanerwork for	ed writer that he had signed the wound vac. (ASM #3)					1	
	was also told that (the	infectious disease					1	
	physician) had been f	axed the lab (laboratory)					1	
	results showing that the	ne Creatinine level						
	(indicating kidney fund	ction) was above 1.6					İ	
: [showing 1.63. (Name	of nurse practitioner) had					-	
[]	been called and made	aware that RP						
1	(responsible party) wa	s upset. Order was given						
1	to send the pt (patient) to (initials of hospital) ER					-	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILO		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495246	B. WING	<i>;</i>			С
	PROVIDER OR SUPPLIER			PO	REET ADDRESS, CITY, STATE, ZIP CODE BOX 419 11 DAIRY LANE REDERICKSBURG, VA 22404	1 0	6/05/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES (PROSS-REFERENCE)) RF	(X5) COMPLETION DATE
	(8:59 p.m.) docume complication with gr described as being, worse. This started present. Symptoms right root. The paties swelling. Patient de - 64 year old female department) from (NEMS (emergency mpossible graft necros and 5th toes remove 5/23/15 (*note this dresident was discharpost placement of the reports bleeding x2 of staff at (name of numin status of the wound been on a wound varied (discharged) from the (temperature): 100.6 The attending physicidated 5/25/15, documillness: The patient whospital on 5/22/15 a and gangrene of the she had osteomyelitis involving the right 4th amputation. (ASM #3 the 4th and 5th toes a grafting over the proxidue to inability to have stated that she was significant where the she was significant to the same stated that she wa	eport dated, 5/25/15 at 20:59 inted, "Chief Complaint: aft from gangrene. Severity is it has become recently 2 days ago and is still a located in the area of the ent had not had redness. No nies injury. Additional history presents to ED (emergency lame of nursing facility) via edical services) d/t (due to) sis x1 day. Pt had right 4th ed and a graft placed on ate is a discrepancy as the reged to the facility on 5/22/15 e graft) d/t gangrene. Pt days from site and today the sing home) noted a change d. Pt reports she has not cosince she was do'd en hospital Temp (normal is 98.6)." ian history and physical mented, "History of present ras discharged from the fiter coming in with cellulitis right foot, it was found that is (infection of the bone) and 5th toes post 3, the podiatrist) removed and performed some skin cimal area of the right foot efull closure. The patient upposed to have a wound ot, although that never did in the wound nurse came in enoted that the skin graft	F 1	57			

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PRINTED: 06/16/2015 FORM APPROVED OMB NO. 0938-0301

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	LTIP	PLE CONSTRUCTION		O. 0938-0391 ATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:			6		DMPLETED
		495246	B. WING	·		0	C 6/05/2015
	PROVIDER OR SUPPLIER ONT CENTER			F	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 419 11 DAIRY LANE FREDERICKSBURG, VA 22404	_10	0/05/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DRE	(X5) COMPLETION DATE
	transferred to the hote The "Consultation N #3, the podiatrist, do 64 year-old, white fee of the 4th and 5th m foot with skin graft p was placed in (name Nursing Home decid VAC over the wound was admitted here wat the lateral aspect debridement (surgicatissue*) of the wound patient with placeme is scheduled for the 1:30 p.m." An interview was correct at 3:02 p.m. When a with orders for a wound there were no orders was asked if she was needs for a wound vagraft. RN #1 stated, me that a resident was evaluated the resider sites. The site was depurple spots. My und vac is put on nice head oil emulsion dressing certified in wound care nurse insistence alled a doctor to emulsion dressing, Rorders to initiate treat When asked if she complete that night."		F	157			

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Event ID: NIV611

Facility ID: VA0279

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JUN 25 2015 VDH/OLC

PRINTED: 06/16/2015 FORM APPROVED OMB NO. 0938, 0301

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/CURRILIER/OUT	T			OMB N	<u>10. 0938-039</u>
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			DATE SURVEY COMPLETED	
		495246	B. WING	3			С
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		06/05/2015
WOODN	MONT CENTED				PO BOX 419 11 DAIRY LANE		
WOODIN	MONT CENTER				FREDERICKSBURG, VA 22404		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	1 10				
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	DRE	(X5) COMPLETION DATE
i o si ti n	graft, on 6/4/15 at 3: had written out orders stated, "The dischar orders. I worked will at the hospital to fill company to approve was set in place with company of wound wat the facility when s she was supposed to #3 was asked what he Resident #1's time a "I spoke with a nurse the facility, (RN #2, the told me that the reside wound vac and she of didn't follow the order friday (5/22/15) more tissue; the granulation the mesh. I had a wo and it was doing great black on Monday nighbeing applied as orderable about the wound, word contact the operating contact me and tell me had to take her back debride the graft and she will now have a restand of four weeks one called me. I am of service. I take my ow own, I wasn't. There not have been contact on 6/4/15 at 4:04 p.m. surveyor and stated, "isked. Every time I girls."	rmed the amputation and skin (45 p.m. When asked if he rs for the wound vac, ASM #3 ging physician writes the the continuing care nurse in the forms for her insurance the wound vac. Everything (name of manufacturing vacs). It was supposed to be the arrived. The patient knew to have a wound vac." ASM knowledge he had of the facility. ASM #3 stated, on Monday (5/25/15) from the evening supervisor). She deen thad orders for the doesn't know why the nurse rs. I saw the wound on hing. It had nice pink viable in tissue was forming through und vac on her for one week at in the hospital. Why it was not is from the wound vac not ered. If they had a question uldn't you think they would surgeon? Shouldn't they we my orders were changed? It they had a question to the operating room to placed another wound vac. ecovery time of four months. I am so concerned that no on call. I have an answering in call unless I am out of was no reason why I should	F	157			

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) 14	- TIO		OWR V	<u>IO. 0938-039</u>
	OF CORRECTION	IDENTIFICATION NUMBER:			LE CONSTRUCTION		DATE SURVEY OMPLETED
		495246	B. WING	;			C
	PROVIDER OR SUPPLIER	0		Р	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 419 11 DAIRY LANE FREDERICKSBURG, VA 22404		6/05/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	II D RE	(X5) COMPLETION DATE
t the same of the	spoke with on 5/22/1 at the facility, RN #1 {on call physician}). then my supervisor spoke with ASM #4 talked to the on call On 6/4/15 at 4:08 p. conducted with the of The DON was asked knowledge she had stated, "I was here of I answered her call the and helped dress he knowledge of the woif RN #2, the evening for interview, the DO supervisor) was out of When asked if any mexamined Resident # the DON stated, "No. The on-call schedule reviewed for the mon practitioner was docuble for the mon practitioner was docuble for the mon practitioner was docuble for the mon practitioner was docuble for the mon practitioner was docuble for the mon practitioner was docuble for the mon practitioner was docuble for the mon practitioner was docuble for the mon call for Memorial Estated, "No, I was off asked when her on call saked when her on call saked if she recall on 5/22/15 regarding the saked if she recall the saked	stated, "(Name of ASM #4 lf I don't talk to the doctor's does." When asked who on 5/22/15, RN #1 stated, "I doctor, (ASM #4)." m. an interview was director of nursing (DON). If what interactions or of Resident #1. The DON on Memorial Day for a little bit. well and assisted her toileting r. I didn't have any und situation." When asked a supervisor, was available N stated RN #2 (evening of the country on vacation. The physicians was the of May 2015. The nurse imented as on call on	F	157			

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STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) DA	TE SURVEY
		495246	B. WING		-82		С
	PROVIDER OR SUPPLIER		3	STF	REET ADDRESS, CITY, STATE, ZIP CODE BOX 419 11 DAIRY LANE EDERICKSBURG, VA 22404	06	6/05/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RE	(X5) COMPLETION DATE
I e v fi	was asked if the nursurgical wound concurred wound I would have The facility policy, "Footification" docume a patient who has a abnormal lab (laboraturse will perform apobservations and daphysician/mid-level pattending physician/r Director will be contacommunicate a champhysician/mid-level pinterventions as need on 6/5/15 at 9:28 a.m. above concerns. The the building at that timpresent any further in above concern, the Danything else to present any further in above concern.	the Medical Director." ASM #4 rse brought to her attention a zern, would she contact the med the surgery. ASM #4 is a concern with a surgical them contact the surgeon." Physician/Med-level Provider ented, "Upon identification of change in condition or atory) values, a licensed opropriate clinical ta collection and report to provider. If unable to contact mid-level, the Medical acted. Purpose: To age in patient's condition to provider and initiate ded/ordered." In the DON was informed of the administrator was not in the When offered the time to afformation regarding the toon of the contact of the contact of the contact of the contact of the time to the contact of the time to the contact of the time to the contact of the time to the contact of the time to the contact of the time to the contact of the time to the contact of the time to the contact of the time to the contact of the time to the contact of the time to the contact of the time to the contact of the time to the contact of the time to the contact of the contact of the time to the contact of the contact of the time to the contact of the contact of the contact of the time to the contact of the contact	F 1	57			

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STATEMEI AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		495246	B. WING		С
	PROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 419 11 DAIRY LANE FREDERICKSBURG, VA 22404	06/05/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 157	No further informatic COMPLAINT DEFIG (1)http://www.ncbi.n 379164/*This information was http://www.merriamdement 483.25 PROVIDE CHIGHEST WELL BE	on was provided prior to exit. CIENCY Im.nih.gov/pmc/articles/PMC3 as obtained from the website: -webster.com/dictionary/debri ARE/SERVICES FOR	F 157	F 309	
	provide the necessa or maintain the higher mental, and psychos accordance with the and plan of care.	comprehensive assessment		Resident #1 was discharged back Mary Washington Hospital by ord obtained from L. Troxler, NP, and resident #1 was transferred to hosp at 7:59 pm on 5/25/15.	ler
	by: Based on staff interview, clinical record a complaint investigathe facility staff failed resulting in harm for a survey sample, Resident #1 was trans 5/22/15 with orders for (negative pressure would not place the would skin graft and the graft dead tissue. On 5/25, the local emergency recatment of the necro	riew, facility document di review and in the course of tion, it was determined that to follow physician orders one of three residents in the lent #1. sferred from the hospital on or a wound vac (vacuum) ound therapy). The facility and vac on the resident's new fit developed necrosis or 15 Resident #1 was sent to doom for evaluation and otic graft site, and was bital and required surgical		Other residents with wound care orders and the potential to be negativity affected by the same deficient practice have been assess by our NP and Wound Nurse to rule out any negative status caused by the same deficient practice. All current residents with physician wound or were being followed correctly as written and no negative wound status found.	le he at ders

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CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		8	RINTED: 06/16/20 FORM APPROVE MB NO. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		DI E CONCEDITORION	(X3) DATE SURVEY COMPLETED
		495246	B. WING_		С
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	06/05/2015
	IONT CENTER			PO BOX 419 11 DAIRY LANE FREDERICKSBURG, VA 22404	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	RE COMPLETION
F 309	mada i rom pa		F 309		
	Negative pressure veroncept in wound the atmospheric pressure vacuum pack therapy. The aim of negative pressure to the wound of exudate cellular waste that he vessels and seeped the shape and grown way that helps healing piece of foam is placed of transparent tape is including the healthy and drain the wound vacuum source, and wound through the focanister. Thus, the esubjected to negative be programmed to programmed to programmed to programme to pressure either continuation and alarm to alert pressure seal breaks Negative pressure we for patients with chroacute wounds (dehist diabetic wounds or prografts (before and after the summer of th	that was totally necrotic. yound therapy is not a new erapy. It is also called sub re therapy, vacuum sealing, by and sealing aspirative the procedure is to use ocreate suction, which drains to e (i.e., fluids, cells and as escaped from blood into tissue) and influences the of the surface tissues in a neg. During the procedure, a need over the wound, and a over the foam. A large piece is placed over the whole area, tissue, to secure the foam. The tube is connected to a fluid is drawn from the norm into a disposable entire wound area is a pressure. The device can rovide varying degrees of the nuously or intermittently. It the provider or patient if the or the canister is full. Dund therapy may be used nic and acute wounds; sub ced incisions); chronic, ressure ulcers; meshed er); flaps. It should not be fistulae to organs/body	19	RN #1 and RN 2nd Shift Supervise received one on one education by facility Administrator and Director Nursing on the necessity for carry out Surgeon/MD admission wound care orders and the importance of timely and open communication wall Surgeons/MDs of wound care residents concerning wound care negative status immediately by the resident's nurse. Licensed Nurses are being in-serve by our RN Nurse Practice Educated and RN Quality Assurance Nurse/Designee on the practice of following Surgeon orders for wour care and the importance of keeping Surgeon/MD informed of any negwound changes immediately and promptly begin any order changes the Surgeon/MD may make. RN ADONs/RN Administrative Nurses will audit daily all wound on patients and charts admitted and	y the or of ying ad with e 7-10-15

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The findings include:

cavities, necrotic tissue that has not been debrided, untreated osteomylitis, wound

Resident #1 was admitted to the facility on

malignance, wounds that require homeostasis or

5/22/15 at 7:00 p.m. with diagnoses that included

for patients who are taking anticoagulants." (1)

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existing residents with wounds for

detection of irregularities in nurses

being compliant with Surgeon/MD

negative wound status immediately.

orders and informing them of any

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7-10-15



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AND PL	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPL	(X3) DATE SURVEY			
					36	CC	OMPLETED	
NAME	OF PROVIDER OR SUPPLIER	495246	B. WING	B. WING			C 8/05/2045	
ł					TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	6/05/2015	
woo	DMONT CENTER				O BOX 419 11 DAIRY LANE			
(X4)	ID SUMMARY STA	TEMENT OF DEFICIENCIES		F	REDERICKSBURG, VA 22404			
PREF	IX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	:	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTIES OF THE A	DE	COMPLETIC DATE	 NC
F 3	- Tom pay		F3	09	Ж			
	skin graft to right for pressure, elevated or obesity. The discharge MDS	to: lower limb amputation of the right foot), status post ot, diabetes, high blood cholesterol, and morbid (minimum data set)		and distinct and the second se	Any irregularities found will be corrected immediately by the resident's nurse with the oversite the RN auditors to restore complete.	of		
	assessment, with an of 5/25/15, coded the assistance for movin required extensive a	assessment reference date e resident as requiring limited og in the bed. The resident essistance for transferring ace, toileting needs and			with the physician's orders. The audit findings will be record daily on the RN Wound Care Au	dit	7-10-13	;
	personal hygiene. T	he Resident #1 was coded staff for dressing and		27	logs for compliance with physicis orders.		7-10-15	
	completed by the nur liaison at the hospital The PAR documente Amputation of the 4th and digit, right foot wi	sing home corporate nurse , on 5/22/15 at 11:49 a.m. d, "Surgical Procedure: and 5th metatarsals (toes) th skin graft to lateral aspect		r	The Audit logs will be reviewed further months during the facility's monthly QA Committee meeting to compliance with this plan of correction.	- i	7-10-15	
	healing. Complication Wound Care: 1. Wou Negative Pressure (w Negative Pressure sta	resection to promote s: No complications noted. and care needs - Yes. 2. and vac) - Yes. 2a. Date arted - 5/16/15. 2b. Settings ars of mercury). 3. Wound					*	
	Location/Description/I amputation and graft : The "(Name of Hospit	GC. Body Freatment - Right foot sites."						
	Durable Medical Equipment Type: Other	Dented, "Discharge Needs: Diment: Other - (Name of Durable Medical		02	, 8			
	0/22/15.	s" were electronically n on 5/22/15 and y the discharging nurse on Facility Transfer Form"						

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) D/	O. 0938-039 ATE SURVEY OMPLETED	<u>)1</u>
		405040					C	
NAME OF	DDOU/DED OR ALIES	495246	B. WING			0	6/05/2015	
	PROVIDER OR SUPPLIER			P	PO BOX 419 11 DAIRY LANE FREDERICKSBURG, VA 22404			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) RF	(X5) COMPLETION DATE	- ı
	dated, 5/22/15, door Non-weight bearing Comms (comments amputee R (right) for and dressing intact. The nursing admiss 5/22/15 at 1900 (7:0 (registered nurse) # was alert and oriented admission/readmiss circle next to "Yes" volutegumentary (skindocumented: "d5. Site: Open area x 2 cm (centimeters) d6. Site: Rt (right) for mith skin graft and d7. Site: Necrotic area d8. Site: Necrotic area d8. Site: Necrotic area d8. Site: Necrotic area d9. Site: Necrotic area	umented, "Musculoskeletal: RL (right leg). Mobility): pt (patient) s/p (status post) out 4th and 5th toe wound vac ion assessment, dated 10 p.m.), written by RN 1, documented the resident ed to person, place and time. ed, "Physician notified of ion and orders verified?" The was filled in. In Section & -) the following was present on top of right foot 2 with slough present. of amputation site 10 x 3.5 and 13 sutures. For a present to tip of right 3rd are present to right lateral heel are present to right medial of ther Devices currently used in silled in next to, "Wound the present?" Cleanse amputation site to with normal saline); apply Oil (dressing) daily - monitor ent administration record Cleanse amputation site to with normal saline); apply Oil (dressing) daily." The tented as being done for 15.	F	309				

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PRINTED: 06/16/2015 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495246	B. WING	;			С	
	PROVIDER OR SUPPLIER			STR PO	REET ADDRESS, CITY, STATE, ZIP CODE BOX 419 11 DAIRY LANE EDERICKSBURG, VA 22404	<u> 0</u>	6/05/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFILE OF THE APPROPROPROPROPROPROPERTY)) RE	(X5) COMPLETIO DATE	N
	documented, "Resid (room #). Arrived by Information upon ad chart. Reason for arrecent acute illness placed within reach. verified: Yes. See not for detailed clinical fit (registered nurse) #1 The comprehensive documented, "Focus breakdown related to disease, limited mob documented, "Evaluational including surrounding absence of drainage pain and report to MI indicated. Monitor for effects of medication nonverbal signs of pawound treatment and The "Skin Integrity Redocumented "Surgicaright lateral foot surgicaright - skin gracinage - na/ dry Surrounding tissue - In purple-maroon) Wound Edges - M (macodor - no." The "Skin Integrity Re	lent admitted/readmitted to ambulance and stretcher. mission obtained from patient dmission is post-survey RehabilitationCall bell Physician notified/orders ursing admission assessment ndings." Written by RN 1. care plan, dated, 5/22/15, Escident has actual skin or shear/friction risks, vascular ility. The "Interventions" atte wound area daily go tissue and presence or finfection and/or new wound of (medical doctor) as reffectiveness and/or side. Monitor for verbal and ain related to wound or medicate as ordered." eport" dated, 5/22/15, all and documented for the cal wound the following: of aft, 13 sutures, IP eep red. ers) able) F/DP (inflamed/deep accerated) port" dated, 5/25/15, ght lateral foot surgical	F3	809				

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VOH/OLC

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STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) E	OATE SURVEY COMPLETED	
		495246	B. WING	i	С		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD PO BOX 419 11 DAIRY LANE FREDERICKSBURG, VA 22404	<u> 0</u>	06/05/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	ID PREFI TAG	PROVIDER'S PLAN OF CORRI X (EACH CORRECTIVE ACTION SE	HOULD BE	COMPLETION DATE	
	Appearance - N (new place Length - 10 (centime Width - 3.5 Depth - left blank Drainage - na Surrounding tissue - Odor - (a zero with a 'no')." The nurse's note dat p.m.) documented, "hospital - unplanned via ambulance to (ini (emergency room). (nurse practitioner na Responsible party no Self/Daughter 5/25/1 admitted to facility for amputation with graft Upon admission, grait red/purple and to be sweekend condition of now noted to have lay denies feeling pain (dorders to send reside Resident also on Zos Vancomycin (an antib therapy." The nurse's note date p.m.) documented, "(lograft - administrative spodiatrist) returned the peen transferred out that the wound vac has salso told that (the	erotic - eschar) with sutures in eters) IF (inflamed) line through it indicating ed, 5/25/15 at 19:59 (7:59) (Resident #1) transferred to for evaluation and treatment tials of hospital) ER Physician notified of transfer ame) 5/25/15 - 8 p.m. etified of transfer 5 at 8 p.m. Resident right 4th/5th toes placement due to gangrene. It site noted to be deep somewhat dry. Over the wound worsened and is ver of necrosis. Resident ue to neuropathy). New ent to hospital for evaluation. In yn (an antibiotic) and iotic) IV (intravenous) ed, 5/25/15 at 20:46 (8:46) Name of doctor who did skin staff member [ASM] #3, e call after the patient had to the hospital. He was told do not been applied. (ASM ed writer that he had signed the wound vac. (ASM #3) infectious disease exed the lab (laboratory)	F 3				

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Event ID: NIV611

Facility ID: VA0279

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PRINTED: 06/16/2015 FORM APPROVED OMB NO 0938-0301

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRU		(X3) E	DATE SURVEY COMPLETED
		495246	B. WING				С
NAME OF	PROVIDER OR SUPPLIER						06/05/2015
	ONT CENTER			PO BOX 419	RESS, CITY, STATE, ZIP CODE 11 DAIRY LANE KSBURG, VA 22404		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X (EAC	PROVIDER'S PLAN OF CORREC CH CORRECTIVE ACTION SHO S-REFERENCED TO THE APP DEFICIENCY)	NII D BE	(X5) COMPLETION DATE
in the second of	showing 1.63. (Nambeen called and mare (responsible party) value to send the pt (patient for eval (evaluation). The ER physician re (8:59 p.m.) documer complication with gradescribed as being, worse. This started present. Symptoms right root. The patient derection with gradescribed as being, worse. This started present. Symptoms right root. The patient derection was department) from (Name (Name of the possible graft necrosoland 5th toes removed 5/23/15 (*note this date of the prost bleeding x2 destaff at (name of nursen status of the wound discharged) from the temperature): 100.6 The attending physicial ated 5/25/15, document of the reports bleeding x2 destaff at (name of nursen status of the wound discharged) from the temperature): 100.6 The attending physicial ated 5/25/15, document of the reports of th	nction) was above 1.6 e of nurse practitioner) had de aware that RP vas upset. Order was given nt) to (initials of hospital) ER " port dated, 5/25/15 at 20:59 nted, "Chief Complaint: aft from gangrene. Severity is it has become recently 2 days ago and is still located in the area of the nt had not had redness. No nies injury. Additional history presents to ED (emergency ame of nursing facility) via edical services) d/t (due to) is x1 day. Pt had right 4th d and a graft placed on ate is a discrepancy as the ged to the facility on 5/22/15 e graft) d/t gangrene. Pt ays from site and today the sing home) noted a change d. Pt reports she has not e since she was dc'd e hospitalTemp (normal is 98.6)." an history and physical mented, "History of present as discharged from the fier coming in with cellulitis ight foot, it was found that (infection of the bone)	F3	09			

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ſ	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				MR M	<u>O. 0938-039</u>	9
	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) D/	ATE SURVEY OMPLETED	_
ļ			495246	B. WING	i			С	
l	NAME OF	PROVIDER OR SUPPLIER			5	STREET ADDRESS OF STREET	0	6/05/2015	
	MOODA	IONT OFFIT				STREET ADDRESS, CITY, STATE, ZIP CODE			
	AACOODIA	ONT CENTER				PO BOX 419 11 DAIRY LANE			
-	(VA) ID	CUMMADYOTA			FREDERICKSBURG, VA 2240				
-	(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RE	(X5) COMPLETION DATE	,
	t v r gn e s p v o c w sl ei	VAC placed on her foccur and today whe to do wound care, she had died, so the patitransferred to the home The "Consultation New #3, the podiatrist, do 64 year-old, white fer of the 4th and 5th me foot with skin graft pl was placed in (name Nursing Home decide VAC over the wound was admitted here with at the lateral aspect of debridement (surgical tissue*) of the wound patient with placement is scheduled for the of 1:30 p.m." An interview was concat 3:02 p.m. When as with orders for a wound here were no orders was asked if she was needs for a wound vary and that a resident was evaluated the resident was evaluated the resident was evaluated the resident was evaluated the resident was evaluated the resident was evaluated in wound care of yound care nurse institute alled a doctor to graft. RN #1 stated, "ertified in wound care yound care nurse institute called a doctor to graft. RN #1 stated, "ertified in wound care yound care nurse institute called a doctor to graft. RN #1 stated, "ertified in wound care yound care nurse institute called a doctor to graft. RN #1 stated, "ertified in wound care yound care nurse institute called a doctor to graft. RN #1 stated, "ertified in wound care yound care nurse institute called a doctor to graft. RN #1 stated, "ertified in wound care yound care nurse institute called a doctor to graft."	supposed to have a wound foot, although that never did en the wound nurse came in the noted that the skin graft fent requested to be	F3	809				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	LTIPL	LE CONSTRUCTION		O. 0938-039	<u>}</u>
7	OF CORRECTION	IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
		495246	B. WING				С	
NAME OF	PROVIDER OR SUPPLIER	433240	B. WING			0	6/05/2015	
					TREET ADDRESS, CITY, STATE, ZIP CODE			_
WOODI	MONT CENTER				O BOX 419 11 DAIRY LANE			
(X4) ID	SUMMARYSTA	TEMENT OF DEFICIENCIES			REDERICKSBURG, VA 22404			
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	1
F 309	Continued From page	an 20					1	_
. 555	Tom pa		F 3	109				
	the skip groft to infe	contacted the surgeon that did					1	
	the wound DN #1 a	orm him/her of the status of		İ			1	
	night that night."	tated, "No, I had a really busy		j			i	
	An interview was co	nducted with ASM #3, the					:	
	podiatrist who perfor	rmed the amputation and skin		Ì			i.	
	graft, on 6/4/15 at 3:	45 p.m. When asked if he						
	had written out orde	rs for the wound vac. ASM #3						
	stated, "The dischar	ging physician writes the						
	orders. I worked wit	h the continuing care nurse						
	at the hospital to fill i	in the forms for her insurance						
	company to approve	the wound vac. Everything						ı
	company of wound y	n (name of manufacturing vacs). It was supposed to be						ı
	at the facility when s	he arrived. The patient knew			•			1
	she was supposed to	have a wound vac." ASM						-
	#3 was asked what k	nowledge he had of						ı
	Resident #1's time at	t the facility. ASM #3 stated						ı
	"I spoke with a nurse	on Monday (5/25/15) from					1	ı
	the facility, (RN #2, th	ne evening supervisor). She						l
	told me that the resid	lent had orders for the						ı
	wound vac and she d	loesn't know why the nurse						ı
	Gidn't follow the order	rs. I saw the wound on						l
	tissue: the grapulation	ning. It had nice pink viable						
	the mesh I had a wo	n tissue was forming through und vac on her for one week						l
	and it was doing grea	it in the hospital. Why it was						
	black on Monday nigh	nt is from the wound vac not						
	being applied as orde	ered. If they had a question						
	about the wound, wou	uldn't you think they would						ĺ
1 '	contact the operating	surgeon? Shouldn't they						
10	contact me and tell m	e my orders were changed?						
	I had to take her back	to the operating room to						
- 0	debride the graft and	placed another wound vac						
	She will now have a re	ecovery time of four months						
	nstead of four weeks.	I am so concerned that no					1	
	one called me. I am o	on call. I have an answering					<i>E</i>	
	Own I wasn't Thora	n call unless I am out of was no reason why I should						-
1.	omi, i wasiit. Iiiele	was no reason why I should		1		- 1	- 1	

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	LTIPL	LE CONSTRUCTION	ONID NO. 0938-039		
ANDPLAN	OF CORRECTION	IDENTIFICATION NUMBER:			-	(X3) D/	ATE SURVEY OMPLETED	
						1		
		495246	B. WING	i		1 _	C	
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	0	6/05/2015	_
WOODA	MONT CENTER				O BOX 419 11 DAIRY LANE			
11000	MOINT OLINIER				REDERICKSBURG, VA 22404			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID					
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 309	Continued From	04		1				-
1 309	pag		F 3	09			Už	
	not have been conta			Ì				
	On 6/4/15 at 4:04 p.	m. RN #1 returned to this						
	surveyor and stated	, "I misunderstood what you						
	asked. Every time I	get orders we have to go						
	through our doctors.	" When asked who she		1				
	spoke with on 5/22/1	5 when Resident #1 arrived					į	
	at the facility, RN #1	stated, "(Name of ASM #4					Ì	i
	thon my supervisor.	If I don't talk to the doctor's						i
	enoko with ACM #4	does." When asked who						ı
	talked to the on soll	on 5/22/15, RN #1 stated, "I		İ				
	talked to the on call	doctor, (ASM #4)."						I
	On 6/4/15 at 4:08 p.r	irector of nursing (DON).						ļ
	The DON was asked	what interestions are						ł
	knowledge she had	of Resident #1. The DON						l
	stated "I was here of	n Memorial Day for a little bit.			*			ĺ
	l answered her call h	ell and assisted her toileting						l
	and helped dress her	didn't have any						
Ĭ	knowledge of the wor	und situation." When asked						ĺ
1	if RN #2, the evening	supervisor, was available						
	for interview, the DOI	N stated RN #2 (evening						
	supervisor) was out of	of the country on vacation.					[
1	When asked if any nu	rse practitioner or doctor				1		
1	examined Resident#	1's wounds prior to 5/25/15				1	1	
[]	the DON stated, "No."	le .						
] .	The on-call schedule	for the physicians was					ļ	
	reviewed for the moni	th of May 2015. The nurse				ĺ		
	practitioner was docu	mented as on call on				1		
	5/22/15, 5/23/15, 5/24	/15 and 5/25/15.				1		
/	An interview was cond	ducted with ASM #4, (the					1	
	onysician that RN #1 :	stated she had spoken to on					- 1	
	o/22/15), on 6/5/15 at	8:30 a.m. When asked if					ł	
8	she was on call on 5/2	22/15. ASM #4 stated. "I				}	1	
0	on t think so." When	asked if she recalled being						
0	on call for Memorial D	ay weekend. ASM #4						
S	stated, "No, I was off t	hat weekend." ASM #4 was					[
a	isked when her on ca	Il rotation starts. ASM #4						
S	tated, "On Friday afte	r 5:00 p.m." ASM #4 was					ł	
ti	nen asked if she reca	lled a conversation with RN					ĺ	

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	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	()(0)			NNR M	<u>O. 0938-03</u>	9
	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) D/	ATE SURVEY OMPLETED	
			495246	B. WING	.			С	
ŀ	NAME OF	PROVIDER OR SUPPLIER			-	STREET ADDRESS OFFI OFFI	0	6/05/2015	
l	WOODN	IONE OFFICE				STREET ADDRESS, CITY, STATE, ZIP CODE			
ı	WOODW	ONT CENTER				PO BOX 419 11 DAIRY LANE			
ŀ	(X4) ID	SUMMADVICTA				REDERICKSBURG, VA 22404			
	PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) RE	(X5) COMPLETIO DATE	N
	li e w n coin	all. I usually don't do facility takes care of does when there is a #4 stated, "I talk to the was asked if the nursurgical wound concurred wound I would have the facility policy, "P. Notification" docume a patient who has a cabnormal lab (laborationse will perform apobservations and dat physician/mid-level pattending physician/mid-level protector will be contacted on 6/5/15 at 9:28 a.m. above concerns. The he building at that time present any further infabove concern, the Document of the physician (Potter and Pervas a reference source of the physician of the ph	ding Resident #1's wound, a stated, "I don't do wounds at any orders for them; the that." When asked what she any complicated wound, ASM he Medical Director." ASM #4 se brought to her attention a ern, would she contact the ned the surgery. ASM #4 is a concern with a surgical them contact the surgeon." hysician/Med-level Provider nted, "Upon identification of change in condition or tory) values, a licensed propriate clinical a collection and report to provider. If unable to contact hid-level, the Medical cted. Purpose: To ge in patient's condition to rovider and initiate ed/ordered." In the DON was informed of administrator was not in the When offered the time to formation regarding the ON stated, "I don't have ent." The first patient's orders and monitor the patient's orders and monitor the patient's and communicate that	F3	309				

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JUN 25 2015



PRINTED: 06/16/2015 FORM APPROVED

STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DA	(X3) DATE SURVEY COMPLETED		
		495246	B. WING	B. WING		С		
	PROVIDER OR SUPPLIER MONT CENTER			STREET ADDRESS, CITY, STATE, ZIP CO PO BOX 419 11 DAIRY LANE FREDERICKSBURG, VA 22404	0 6	6/05/2015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE	HOULD BE	(X5) COMPLETION DATE		
F 309	follow standards of care, and to community providers. The physis responsible for direction of a patient. No further information COMPLAINT DEFICE (1) http://www.ncbi.nl 379164/*This information was	care, to give competent health inicate with other health care ician or health care provider recting the medical treatment	F3	09				

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Event ID: NIV611

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JUN 25 2015 VDH/OLC